

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913614

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				3			56						
7				4			57						
8			1				58						
9				1			59						
10				6			60						
11				6			61						
12			1				62						
13				1			63						
14				1			64						
15				3			65						
16				3			66						
17				3			67						
18				3			68						
19				1			69						
20				0			70						
21				0			71						
22				0			72						
23				4			73						
24				4			74						
25				4			75						
26							76						
27							77						
28							78						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	54	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			57				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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